

**Marion Board of Health  
2 Spring Street  
Marion, MA 02738  
508 748 3530**

**Marion Board of Health Application to  
Drill a Well**

Business Name\_\_\_\_\_

Mailing Address\_\_\_\_\_

Business Telephone(s)\_\_\_\_\_

Name and Title of  
Applicant\_\_\_\_\_

State Registration  
Number\_\_\_\_\_

Street Address of Well  
Location\_\_\_\_\_

Name of Property  
Owner\_\_\_\_\_

Well Use            [please circle]      Agricultural            Primary Water Supply

**\$60.00 Fee and Plan are due with Application**

See Instructions on Reverse

I certify that a copy of the water well completion report will be submitted to the Marion Board of Health within 30 days of completed well construction/drilling.

I certify that the water sample will be taken from the well for which the approval is sought and as indicated on the plan submitted.

The results will be analyzed at the following  
laboratory\_\_\_\_\_

Lab Mailing Address\_\_\_\_\_